



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

MAY 28 2018

D206-781-043  
Job Sheet 178036



Part No: D206-781-043

Job Qty: 8 ea

Part Name: Baggage Compartment Protectors Wall Only



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 5/25/18

Job Tracking No:

Due Date: 6/12/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV E IPP RevA: New issue DD verified by:EC

Ship Via:

MAY 28 2018

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard |      | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|----------|------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup    | Run  | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 8 Ea  | 6/12/18    |          | 0.00     | 0.00 | Start Up Stores/Pkg-1 |           |          |
| 110   | Packaging          | 8 pcs | 6/12/18    |          | 0.00     | 0.00 | Packaging1-2          |           |          |
| 120   | QC                 | 8 pcs | 6/12/18    |          | 0.00     | 0.00 | QC4                   |           |          |
| 125   | DC                 | 8 pcs | 6/12/18    |          | 0.00     | 0.00 | DC                    |           |          |
| 130   | Packaging          | 8 pcs | 6/12/18    |          | 0.00     | 0.00 | Packaging3-1          |           |          |
| 140   | QC21-FG            | 8 Ea  | 6/12/18    |          | 0.00     | 0.00 | QC21                  |           |          |

Part Op 125 - Photocopy bluefile & type labels per PPP D206-781-043 CHG 001

Descriptions: 130 - Identify and pack for shipping as per PPP D206-781-043 Location:FG037

### Job BOM

| Part / Item        | Component Name                | Quantity     | Operation             | Container |
|--------------------|-------------------------------|--------------|-----------------------|-----------|
| D3800-1-100 x2 030 | Hook And Loop Strip (1" Soft) | 40 ft (8 ea) | 90-Start up Operation | 5075190   |
| D3800-3-100 x2 030 | Hook And Loop Strip (1" Hard) | 40 ft (8 ea) | 90-Start up Operation | 5075190   |
| D3879-3            | Baggage Protector - Wall      | 8 (1 ea)     | 90-Start up Operation | 5075271   |
| D3930-1            | Clip                          | 16 Ea (2 ea) | 90-Start up Operation | 5075271   |
| D3931-1            | Angle                         | 16 Ea (2 ea) | 90-Start up Operation | 5075271   |
| MS21042L3          | Nut                           | 64 Ea (8 ea) | 90-Start up Operation | 5075271   |
| MS24694-S50        | Screw                         | 64 Ea (8 ea) | 90-Start up Operation | 5075271   |
| MS35207-262        | Screw                         | 32 Ea (4 ea) | 90-Start up Operation | 5075271   |
| NAS1149C0332R      | Washer                        | 64 Ea (8 ea) | 90-Start up Operation | 5075271   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D3800-1-100    | 40       | 265       | 0         |
|                       | D3800-3-100    | 40       | 207       | 0         |
|                       | D3879-3        | 8        | 0         | 0         |
|                       | D3930-1        | 16       | 8         | 0         |
|                       | D3931-1        | 16       | 7         | 0         |
|                       | MS21042L3      | 64       | 1,354     | 0         |
|                       | MS24694-S50    | 64       | 296       | 0         |
|                       | MS35207-262    | 32       | 73        | 0         |
|                       | NAS1149C0332R  | 64       | 7,139     | 0         |

### Part Specifications

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                       |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                              |                       |  |
| Date : _____                                                 | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              | MRB (QSI042) Approval |  |
| Description Work Order Deviation                             |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                  |                       |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                       |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Completed By _____           |                       |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lead hand / Supervisor _____ |                       |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Coordinator _____            |                       |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Approval Verification _____  |                       |  |

Part: D206-781-043  
 Job No: 178036  
 Serial No/Batch: S080490  
 Revision: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 Instructions: \_\_\_\_\_

Container No: S080490  
 DART Aerospace Ltd.  
 1270 Aberdeen Street  
 Cambridge, ON K4A 1K7  
 Tel: 1-813-832-5200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |                        |                          |                                   |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> | OTHER : _____          |                          |                                   |                          |

Date: 06/12/19

Specifications could not be found.

*Plex 5/25/18 10:00 AM Dart.lajeunesse.marie*



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

## Container View (Active) - Master Unit Containers

| Master Unit No | Container No | Part No         | Part Name                                | From Container | Current Location | Quantity |
|----------------|--------------|-----------------|------------------------------------------|----------------|------------------|----------|
| 003462         | F166170      | D3800-1-100     | Hook And Loop Strip (1" Soft)            |                | ST419            | 31.671   |
| 003462         | S075080      | D3800-1-100     | Hook And Loop Strip (1" Soft)            | S038465        | ST419            | 8.329    |
| 003462         | S075321      | D3800-1-100-300 | Hook And Loop Strip (1" Soft) - 30" long | S075190        | ST417            | 16       |
| 003462         | S075064      | D3800-3-100     | Hook And Loop Strip (1" Hard)            | S038478        | ST419            | 40       |
| 003462         | S075335      | D3800-3-100-300 | Hook And Loop Strip (1" Hard) -30"       | S075271        | ST417            | 16       |
| 003462         | S076585      | D3879-3         | Baggage Protector - Wall                 | S076583        | ST540A           | 8        |
| 003462         | S080488      | D3930-1         | Clip                                     | s075308        | ST058            | 8        |
| 003462         | S080489      | D3931-1         | Angle                                    | s075325        | ST058            | 9        |
| 003462         | S075041      | MS24694-S50     | Screw                                    | s066937        | ST284            | 64       |
| 003462         | S075032      | MS35207-262     | Screw                                    | s027735        | ST271            | 32       |
| 003462         | S075029      | NAS1149C0332R   | Washer                                   | s049837        | ST266            | 64       |

Note: Ad hoc query view of Part.dbo.Container where Container.Active = 1.

Plex 6/12/18 2:43 PM dart.quirion.sonia

## Change Record

Part Number D206-781-043

Part Number 200-181-013  
Description WALL PROTECTOR (BAGGAGE COMPARTMENT)

Page 1 of 1[illegible]



REFERENCE ONLY

## 5.0 PARTS LIST

5.1 BELL 206 A/B

| Qty<br>-061 | Qty<br>-031 | Qty<br>-041 | Part Number     | Description                                           |
|-------------|-------------|-------------|-----------------|-------------------------------------------------------|
| X           |             |             | D206-781-061    | BAGGAGE COMPARTMENT<br>PROTECTOR KIT (FLOOR AND WALL) |
| 1           | X           |             | D206-781-031    | BAGGAGE COMPARTMENT<br>FLOOR PROTECTOR KIT            |
| 1           |             | X           | D206-781-041    | BAGGAGE COMPARTMENT<br>WALL PROTECTOR KIT             |
|             | 1           |             | D3878-1         | BAGGAGE PROTECTOR, FLOOR                              |
|             |             | 1           | D3879-1         | BAGGAGE PROTECTOR, WALL                               |
|             | 1           |             | D3031-3         | LOOP                                                  |
|             |             | 2           | D3800-1-100-300 | LOOP STRIP                                            |
|             |             | 2           | D3800-3-100-300 | HOOK STRIP                                            |
|             | 1           |             | D3918-1         | PLACARD                                               |
|             |             | 2           | D3930-1         | CLIP                                                  |
|             |             | 4           | MS35207-262     | SCREW                                                 |
|             |             | 6           | AN960C10L       | WASHER                                                |
|             |             | 6           | MS21042L3       | NUT                                                   |
|             | 2           |             | 80-004-2-8      | INSERT                                                |
|             | 14          | 10          | MS24694S50      | SCREW                                                 |

5.2 BELL 206 L/L1/L3/L4 AND 407

| Qty<br>-063 | Qty<br>-033 | Qty<br>-043 | Part Number     | Description                                           |
|-------------|-------------|-------------|-----------------|-------------------------------------------------------|
| X           |             |             | D206-781-063    | BAGGAGE COMPARTMENT<br>PROTECTOR KIT (FLOOR AND WALL) |
| 1           | X           |             | D206-781-033    | BAGGAGE COMPARTMENT<br>FLOOR PROTECTOR KIT            |
| 1           |             | X           | D206-781-043    | BAGGAGE COMPARTMENT<br>WALL PROTECTOR KIT             |
|             | 1           |             | D3878-1         | BAGGAGE PROTECTOR, FLOOR                              |
|             |             | 1           | D3879-3         | BAGGAGE PROTECTOR, WALL                               |
|             |             | 2           | D3800-1-100-300 | LOOP STRIP                                            |
|             |             | 2           | D3800-3-100-300 | HOOK STRIP                                            |
|             | 1           |             | D3918-1         | PLACARD                                               |
|             |             | 2           | D3930-1         | CLIP                                                  |
|             |             | 2           | D3931-1         | ANGLE                                                 |
|             |             | 4           | MS35207-262     | SCREW                                                 |
|             |             | 8           | AN960C10L       | WASHER                                                |
|             |             | 8           | MS21042L3       | NUT                                                   |
|             | 18          | 8           | MS24694S50      | SCREW                                                 |